

# **ANNUAL REPORT**

TO THE

**ALDERSHOT EDUCATION  
COMMITTEE**

OF THE

## **School Medical Officer**

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**FOR THE YEAR 1934**

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ALDERSHOT:  
Wm. May & Co., Ltd., High Street  
A26179



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## **ANNUAL SCHOOL REPORT FOR 1934.**

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*Ladies and Gentlemen,*

I have pleasure in presenting my Fourth Annual Report for the year 1934.

As will be seen from the text, the policy of making the school medical service of Aldershot as complete and comprehensive as possible, has been pursued still further. Whereas in 1932 the addition of hospital treatment for cases of tonsillectomy was carried out, in 1933 the services of a part time Specialist Oculist were made available, while in 1934 radiological treatment for ring-worm in school children has been the latest addition. These facilities for inspection and treatment of the Aldershot school children bring the service thoroughly up-to-date, and in line with those of the larger areas.

I wish to record my sincere thanks to the Head Teachers and Staffs for their help and co-operation in the work of the school medical service.

I remain,

Your Obedient Servant,

J. CRAIG LINDSAY,

*School Medical Officer.*

# GENERAL SUMMARY OF SCHOOL ATTENDANCE FOR THE YEAR ENDING 31st MARCH, 1935.

The following table gives us an idea of the size of the various schools in the Borough, and the distribution of the school population.

SCHOOL	No. of Teachers	Accommodation	Number on Books	Average Attendance	Percentage of Absentees
<b>West End :</b>					
Boys ... ...	10	355	334	310	7
Girls ... ...	9	362	320	296	7
Infants ... ...	10	666	327	295	10
Total ...	29	1383	981	901	8
<b>East End :</b>					
Mixed ... ...	15	598	518	481	7
Infants ... ...	5	216	194	170	12
Total ...	20	814	712	651	9
<b>Newport Road :</b>					
Mixed ... ...	13	480	498	459	8
Infants ... ...	8	300	311	278	11
Total ...	21	780	809	737	9
<b>Church of England :</b>					
Mixed & Infants ...	6	200	202	186	8
<b>Roman Catholic :</b>					
Mixed & Infants ...	10	300	330	293	11
<b>Grand Totals</b> ...	86	3477	3034	2768	9

## RETURN OF MEDICAL INSPECTIONS.

### Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants .. .. .. .. .. ..	255
Intermediates .. .. .. .. .. ..	288
Leavers .. .. .. .. .. ..	293
	—
Total .. .. .. .. .. ..	836
	—

Number of other Routine Inspections .. .. .. .. .. ..

### Other Inspections.

Number of Special Inspections .. .. .. .. .. ..	1,237
Number of Re-Inspections .. .. .. .. .. ..	864
	—
Total .. .. .. .. .. ..	2,101
	—

## GENERAL HYGIENE IN THE SCHOOLS.

### School Hygiene.

The conditions in the schools of the Borough from a sanitary point of view again received careful attention during the year. The existing premises and playgrounds were maintained as far as was consistent with economy, while here and there improvements were carried out.

The work of maintaining the sanitary conditions of the schools and playgrounds in a satisfactory state is undoubtedly rendered difficult by the age of many of the buildings and by over-crowding in school. In this instance the erection of a Junior Mixed and Infants' School to accommodate a total number of 750 children, at Aldershot Park, will be greatly welcomed.

I am indebted to the Borough Surveyor for the following report on the structural alterations and improvements of the various school premises carried out during the year.

### West End Boys' and Girls'.

Repairs to windows.

Window replaced and new one fixed in Girls' Department.

Iron fencing removed from the north side of the Boys' playground and a brick wall substituted.

Re-decorating to various rooms.

### West End Infants'.

Walls cleaned down and distempered.

Woodwork of the ceiling painted (two coats) and rafters varnished.

Classrooms re-decorated.

### **Newport Road Mixed.**

Internal decorations.

Repairs to brickwork of playshed.

### **Newport Road Infants'.**

Improvements and repairs to the surface area of playground.

### **East End Boys' and Girls'.**

No outstanding change or repair during the year.

### **East End Infants'.**

Windows repaired.

Playground sanded.

Boiler removed, and walls re-decorated.

### **Roman Catholic.**

Ceilings and walls re-decorated and woodwork renovated throughout.

Re-decorations to interior.

### **Church of England.**

No outstanding change.

## **HEALTH EDUCATION.**

I am happy to be able to pay tribute to the teaching staffs for their work in this connection. The importance of health education is everywhere becoming realised and especially among the teachers themselves. This has undoubtedly put an extra burden on them which has been borne, as far as this area is concerned, enthusiastically.

I am informed, during my "rounds" of the schools that every available minute in the curriculum is devoted to this important aspect of education. Following this up, the Committee has supplied every school with a copy of that excellent manual by Sir George Newman, "Some Suggestions for Health Education," which has been greatly appreciated by the teachers and to whom, undoubtedly, it has been of the greatest value in stimulating new ideas and methods of approach for this subject, which, in many instances, has increased and developed considerably since the training period.

### **Sex Education.**

I include observations on this subject, about which one says the least when one calls it "controversial," because of the considerable interest which was aroused in the Borough throughout the year by the calling of public meetings, conferences and other means of discussion. This resulted in a series of lectures being organised (and since given in 1935) to be addressed by speakers who are authorities on the subject.

There appears to be a growing tendency towards the idea that some such provision ought to be made for those children for whom no existing means of support and guidance is available. It is therefore the question of how this provision is to be made which constitutes the delicate problem, as it is generally admitted that the education, whether it is given directly or indirectly through the parents, must be given by "experts." An expert therefore should be one whom we expect to be fully equipped with a knowledge of child psychology, physiology and biology, to name some of the main subjects only, and furthermore, whose outlook and point of view on life is healthy, moderate and in fact, "normal." We have to ask ourselves therefore, is there a sufficiency of such people available and willing to carry out this work?

The position as regards this question in the Borough is still *sub judice* and is receiving detailed examination by all concerned.

### **Physical Education.**

Organised physical education has undoubtedly the greatest value in the prevention of disease, not to mention its orthopaedic value in the correction of defects which have been the result of disease processes during the child's early life, often so slight in degree as to have escaped notice at the time. It will be realised, therefore, how from a School Medical Officer's point of view, one is in favour of increasing the time devoted to physical education.

It might be argued by its opponents that the time spent in games makes it unnecessary, but, to my mind, games can never replace the preventive and corrective value of organised physical exercises. One thinks of the large number of cases of mouth-breathing, postural defects, poor musculature generally and flat chests and feet, which would disappear from our schools if more physical exercises were included in the work there in order that a short period of time each day could be devoted to them under adequately trained, enthusiastic supervision. We are all aware of the benefits which accrue, in our own personal experience, from "fifteen minutes a day" of physical exercises, and by impressing the average child with its importance would we not be sowing the seed of future health and happiness?

The average length of time at present spent on physical exercises in the schools, I am informed, is only about one hour per week, so that there can be little wonder that much of our time is devoted to the treatment of postural defects, defects of breathing and physical defects generally. Furthermore, when it is remembered that the conditions under which even this short period of time is utilised, it rather suggests that in the near future the question of physical culture and training in schools will require to be tackled on a wider scale if we wish to make the children into better specimens of physical manhood.

## GENERAL HEALTH IN THE SCHOOLS.

### Nutrition.

#### AVERAGE HEIGHT AND WEIGHT OF ENTRANTS WHO WERE EXAMINED AT R.M.I. DURING 1934.

MALES.	<i>Height</i>	<i>Weight</i>	FEMALES.	<i>Height</i>	<i>Weigh.</i>
	<i>ins.</i>	<i>lbs.</i>		<i>ins.</i>	<i>lb.</i>
Newport Rd. Infants	41.9	40.9	Newport Rd. Infants	41.76	39.64
W. End Infants	... 42.56	37.6	W. End Infants	... 43.22	40.7
C. of England	... 43.57	41.92	C. of England	... 43.57	41.42
St. Joseph's	... 42.5	42.5	St. Joseph's	... 42.14	39.43
E. End Infants	... 42.72	41.54	E. End Infants	... 41.67	39.5

#### AVERAGE HEIGHT AND WEIGHT OF ALL ENTRANTS WHO WERE EXAMINED AT R.M.I., 1934.

		<i>Height (ins.)</i>	<i>Weight (lbs.)</i>
Males	...	42.65	40.69
Females	...	42.47	40.13

The nutritional state of the children in this area received the constant attention of all members of the School Medical Service in their work during 1934.

A diagnosis of malnutrition is always a matter of opinion and frequently a matter of difficulty, and in this respect I always value the opinion of the child's teacher before coming to any conclusion. Departures from the physiological normal and defects of function can frequently only be detected after observation over a period, and to my mind the school teacher whose observation lasts for a considerable period of the day, every day, is undoubtedly of high value.

An improvement in the general nutritional state of the scholars was noted, and this was especially marked with regard to the entrants to the various schools, demonstrating that the work of the Maternity and Child Welfare Scheme of the Borough is now having a full and beneficial effect.

The height and weight table given above is included as in previous years. As was stated in last year's report, mere height and weight cannot be taken as an absolute proof of mal or good nutrition but it has to some extent a value in arriving at approximate conclusions, and of course it has the one great advantage that its findings do not vary with the personal opinion of the observer, which is the case with the other objective symptoms of a state of malnutrition.

It is gratifying to note a slight decrease in the number of delicate children in this area. No special provision exists in the way of open air school accommodation for such children. Should

such exist it would be of the greatest value in dealing with many of the children who are sub-normal in health. These children are carefully recorded at our School Clinic and are subjected to careful supervision there.

#### DELICATE CHILDREN.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	24	—	2	26

#### Milk Clubs.

The arrangements for the provision of milk clubs in schools remained the same for the greater part of 1934 as in previous years, and had an excellent effect in benefiting many children who took part in them.

A great impetus, however, was given to the supply of milk meals in school by the Board of Education Circular No. 1437, "Provision of Milk for School Children," accompanied, of course, by the reduction in the price of milk to one-half, due to the work of the Milk Marketing Board. Parents were not slow to take advantage of this offer and it is hoped to be able to give the necessary statistics in next year's report, in view of the fact that provision for milk meals on the larger scale was not begun until towards the end of the year under review.

It must be stated, however, that the provision of a wholly satisfactory and clean milk supply to the children will not be a possibility in many areas for some time, but whether one is justified in refusing to allow the provision in schools of raw milk as we know it to-day, is a matter of opinion. Careful analysis of milk supplies in schools is carried out, and special insistence is put on the examination for the presence of tubercle bacilli in the milk as supplied to schools. An endeavour is made to carry out the bacteriological tests for this organism once in three months, while the bacteriological examinations for the other organisms are made in co-ordination with the Public Health Department of the Borough.

With regard to the analysis of samples of milk for the presence of biologically active tubercle bacilli, it is interesting to note that in no instance was the presence of this organism found on bacteriological examination of the cows' milk consumed in the elementary schools of the Borough. This examination, as I have stated before is carried out every three months, and in the event

of any tubercle bacilli being present in the milk, a recommendation to the Committee to stop the supply from that producer until the source had been found would be justifiable and will be made.

I think it would be fair comment to say that from a general bacteriological standpoint, considerable improvement is desirable, and in this regard the Education Committee can rest assured that the problem of making available a supply of clean cows' milk for consumption in the schools is receiving the most careful and detailed attention of the Public Health Department, whose reports are submitted each month to the Health Committee of the Borough Council. It is important to note, therefore, that in no instance during the year under review has it been possible for me to say, as Medical Officer of Health, that there was evidence of disease in a child due to the consumption of cows' milk, with the exception, of course, of non-pulmonary tuberculosis.

### Infectious Diseases.

The system of notification by the Head Teacher of all the absentees due to infectious disease was continued throughout the year. Again I wish to express my thanks to the Head Teachers for this useful means of indicating the severity of notifiable and non-notifiable infectious disease throughout the Borough.

The following table is the result of these notifications classified in monthly periods. Attention is drawn to the increase in notifications in scarlet fever during the months of October and November, as reference is made to this increase in the following paragraph. It is also interesting to note the few cases of diphtheria notified throughout the year.

DISEASE	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Measles	...	—	1	—	—	—	1	—	—	—	—	—
Whooping Cough	—	—	—	—	4	2	1	10	3	3	—	—
Scarlet Fever	...	—	3	4	2	1	6	1	7	5	*8	*14 2
Chicken Pox	...	—	8	15	8	23	4	—	—	13	—	—
Mumps	...	1	—	2	—	1	—	—	—	—	1	2
Diphtheria	...	—	—	—	—	—	—	—	—	—	—	—
Typhoid	...	—	—	—	—	—	—	—	—	—	—	—

\* Children Only.

The following notes refer to the increased incidence of scarlet fever and sore throat during the months of October and November, when there appeared to be what one might call a wave of streptococcal infections in the town, affecting principally, although not exclusively, children and young adults, and whether this epidemiological wave was one of alteration in virulence or one of alteration in type of the organism it is impossible to say.

Early in October, numbers of children appeared at the school clinic, which is held each morning, either as a result of their own will or sent by the teachers, as they were suffering from sore throat in some form or another. In many instances what appeared to be the early signs of scarlet fever were noted, such as high temperature, slight vomiting, some flushing of the face and in one or two instances circum-oral pallor. In a very few instances a faint blushing of the skin was noted, but its distribution was typical as far as scarlet fever is concerned.

These cases, owing to the absence of observation wards in the Isolation Hospital, were allowed to go home and kept there. In the majority of instances the pathological condition did not appear to develop any further. In other words, if they were slight cases of scarlet fever, then the pathological process underwent some rapid form of collapse and the child rapidly became well again. In point of fact, during the two months 68 children appeared and reported as unfit for school because of sore throat.

Coinciding with this increased incidence of sore throat over the two months October and November, it is worthy of note that there was an increase in the number of cases of scarlet fever notified by the general practitioners. These cases notified, 32 in number, were definite or rather markedly severe cases, confirmed on examination by the Public Health Department, and in one home it is recorded that the first notification received by my department was that the mother had developed a temperature three days after her confinement. She was sent, after consultation with the general practitioner in attendance, to Queen Charlotte's Hospital, Isolation Block, where she was found to be suffering from a haemolytic streptococcal infection of the cervix. Examination of the contacts in this house revealed an interesting fact. One of the children, aged 4, was desquamating in addition to having a very dirty throat with considerable exudation on the tonsils. He had evidently been suffering from a fairly severe form of scarlet fever for at least a week or ten days before the mother developed her temperature. Haemolytic streptococci were definitely isolated from his throat. Four days later the elder brother, aged 8, was admitted to the Isolation Hospital also suffering from an evident early scarlet fever. In this instance we can see a definite relationship between haemolytic streptococci causing scarlet fever in children, and the haemolytic streptococcus causing puerperal fever in the mother. Close contact between the two patients was definitely proved.

It would appear, therefore, that one would be justified in concluding that the streptococcus in its various varieties or types

can, in a wave of infection of this kind, alter this type from time to time or alternatively, that the reaction of one person to one type of streptococcus varies from that of another, depending on site of entry of the organism into the body.

### Tuberculosis.

During the year three children were referred to the Tuberculosis Dispensary for further investigation into their cases, with special reference to the possibility of their being tuberculous. There was, during the year, one child suffering from pulmonary tuberculosis in this area, and she was excluded from ordinary elementary school for this reason.

With regard to non-pulmonary tuberculosis, 11 cases are on the register and of these, 10 have continued attendance at ordinary elementary school, the remaining one being found accommodation in a sanatorium at Hayling Island.

**TUBERCULOUS CHILDREN.**

Type of Disease.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Pulmonary Tuberculosis	—	—	—	1	1
Non-Pulmonary Tuberculosis	—	10	1	—	11

## FACILITIES FOR TREATMENT.

### Minor Ailments Clinic.

The work of this Clinic was maintained without interruption throughout the period under review.

During the year 930 defects were detected and remedied or improved : 718 defects were treated at the School Clinic and 212 cases received treatment otherwise : 372 individual children attended the School Clinic for treatment—making a total of 3,013 attendances in all.

### DETAILS OF DEFECTS TREATED DURING 1934.

**Treatment Table.**

DISEASE OR DEFECT (1)	Number of Defects treated, or under Treatment during the Year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Skin :—			
Ringworm—Scalp	...	...	3
Ringworm—Body	...	...	35
Scabies	...	...	—
Impetigo	...	...	22
Other Skin disease	...	...	34
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	...	...	36
Minor Ear Defects	...	78	23
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	...	509	78
Total	...	718	212
			930

### Tonsils and Adenoids.

The scheme for treatment of abnormalities of Tonsils and Adenoids in school children was fully described in my report for 1932. The working of this scheme has been found to be very satisfactory.

During the year, 41 cases were dealt with in Aldershot Hospital under the Authority's scheme. This shows a slight decrease from the preceding year's number of 43, but must not be taken as evidence

that there is any decrease in the incidence of those abnormalities of throat and nose as they affect school children, rather is the contrary the case.

As far as possible, and where waiting would not prejudice the child's health, cases recommended by General Practitioners to the School Clinic for operative treatment are subjected to a period of observation of some three months' duration, during which time more conservative methods of treatment are attempted. Failing those, the child's name is sent to the waiting list at the Aldershot Hospital.

Again, it is worthy to record that the whole scheme has worked well, due, as was said in last year's Report, to the friendly co-operation between Surgical Specialist, General Practitioner, Hospital and School Clinic.

#### NUMBER OF DEFECTS.

<i>Received Operative Treatment</i>		<i>Received other Forms of treatment</i>	<i>Total Number treated</i>	
<i>Under the Authority's Scheme in Clinic or apart from the Hospital</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme</i>	<i>Total</i>		
(1)	(2)	(3)	(4)	(5)
41	1	42	133	216

#### ASCERTAINMENT OF DEFECTS BY ROUTINE MEDICAL INSPECTION.

<i>GROUP.</i>	<i>Number of Children.</i>	<i>Number of Children.</i>	
		<i>Inspected.</i>	<i>Found to require Treatment.</i>
(1)	(2)	(3)	
Code Groups :—			
Entrants ...	...	255	11
Intermediates ...	...	288	21
Leavers ...	...	293	30
Total (Code Groups) ...	...	836	62

**DETAILS OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31st DECEMBER, 1934.**

DEFECT OR DISEASE		Routine Inspections		Special Inspections		Routine Inspections		Special Inspections		Routine Inspections		Special Inspections	
Number Required Treatment	Observation	Number Required Treatment	Observation	Number Required Treatment	Observation	Number Required Treatment	Observation	Number Required Treatment	Observation	Number Required Treatment	Observation	Number Required Treatment	Observation
Malnutrition	Ringworm : ...	1	—	—	—	1	—	Defective Speech : ...	...	—	—	—	—
Skin	Scalp ...	—	—	7	—	—	—	Heart Disease : ...	...	—	—	—	—
	Body ...	—	—	23	—	—	—	Organic ...	...	—	—	—	—
	Scabies ...	—	—	2	—	—	—	Functional ...	...	14	—	2	—
	Impetigo ...	—	—	3	—	—	—	Anæmia ...	...	1	—	6	—
Other Diseases (Non-Tuberculous)	... ...	—	—	—	—	—	—	Bronchitis ...	...	—	—	3	—
Tuberculosis	... ...	1	—	1	—	—	—	Other Non-Tuberculous Diseases	...	1	—	40	—
Blepharitis	... ...	1	—	10	—	—	—	Pulmonary : ...	...	—	—	—	—
Conjunctivitis	... ...	—	—	17	—	—	—	Definite ...	...	—	—	—	—
Keratitis ...	... ...	—	—	—	—	—	—	Suspected ...	...	—	—	—	—
Corneal Opacities	... ...	—	—	—	—	—	—	Non-Pulmonary : ...	...	—	—	—	—
Defective Vision (excluding Squint)	... ...	31	2	30	—	—	—	Glands ...	...	—	—	—	—
Squint	... ...	3	—	6	—	—	—	Spine ...	...	—	—	—	—
Other Conditions	... ...	—	—	37	—	—	—	Hip ...	...	—	—	—	—
Defective Hearing	... ...	—	—	8	5	—	—	Other Bones and Joints ...	...	—	—	2	—
Otitis Media ...	—	1	—	29	—	—	—	Skin ...	...	—	—	—	—
Other Ear Diseases	... ...	—	—	37	—	—	—	Other Forms ...	...	—	—	—	—
Chronic tonsils only	... ...	—	—	—	—	—	—	Epilepsy ...	...	—	—	2	—
Adenoids only ...	—	1	10	—	—	—	—	Chorea ...	...	—	—	7	—
Nose and Throat	Chronic Tonsils and Adenoids ...	2	4	2	2	—	—	Other Conditions ...	...	—	—	5	—
Other Conditions	... ...	—	—	5	38	133	3	Rickets ...	...	—	—	10	9
Enlarged Cervical Glands (Non-Tuberculous) ...	... ...	—	—	2	2	—	—	Spinal Curvature ...	...	—	—	4	10
								Other Forms ...	...	—	—	5	87

## Defective Vision.

The alteration in the scheme for dealing with children with defective vision in Aldershot, as described in my last year's report, continued uninterrupted throughout the year.

Dr. Billinghurst, as part-time Oculist to the Education Committee, has proved of the greatest help in dealing with the complicated cases one meets with amongst school children generally.

The School Medical Officer continues to give him assistance where possible in dealing with the less complicated types, and any post-mydriatic tests are carried out by him.

Re-examinations, as the result of this addition to the department were brought more up-to-date, and an attempt is being made to re-examine all children for whom glasses are prescribed more frequently than has been the case hitherto.

Eleven Oculist's Sessions were held during the year, and 83 children were examined under atropine there, besides a number of cases who were referred to the Oculist not under atropine, for his opinion.

This number of 83 represents an increase from 64 last year, and will be further improved upon, it is hoped, as more experience is gained in the classification and grouping of patients for examination.

## DEFECTIVE VISION AND SQUINT.

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors or Refraction (including Squint) ... ... ...	83	—	2	85
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
Total ... ...	83	—	2	85

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	...	79
(b) Otherwise	...	...	...	...	...	2

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	...	66
(b) Otherwise	...	...	...	...	...	2

## ORTHOPAEDIC TREATMENT.

### Out-Patient.

The arrangements were continued with the Aldershot and Farnborough Orthopaedic Clinic under the auspices of the British Red Cross Society, as in previous years.

Some increase in the number of deformities owing to anterior poliomyelitis is due to the fact that a number of cases, especially among the Camp children, arose during the late summer of 1934.

The following table gives some idea of the numbers of children under treatment throughout the year, with details as to the various abnormalities treated :—

### ORTHOPAEDIC TREATMENT OF SCHOOL CHILDREN.

Patients on Clinic Register on 1-1-34	...	...	...	...	...	26
New Patients arising during 1934	...	...	...	...	...	22
Patients discharged cured during 1934	...	...	...	...	...	17
Patients received Hospital Treatment during 1934	...	...	...	...	...	7
Patients left District or otherwise lost sight of during 1934	...	...	...	...	...	3
Patients remaining on Clinic Register on 1-1-35	...	...	...	...	...	28

The following table shows the number of out-patient attendances made to the Orthopaedic Clinic (surgical and remedial) during 1934. It shows the attendances for two periods of the year—that up to 1st April, and the period following that date :—

### OUT-PATIENT ATTENDANCES.

	<i>For period 1-1-34—31-3-34.</i>	<i>For period 1-4-34—1-1-35.</i>
No of Sessions held by Surgeon	...	3
No. of Sessions held by Remedial Clinic	13	34
No. of Attendances made by Aldershot Patients to Surgeon	...	27
No. of Attendances made by Aldershot Patients to Remedial Clinic	...	112
		295

The explanation for this division is that in the first period a *per capita* charge in respect of those school children receiving out-patient orthopaedic treatment was made, at the rate of :—

		s. d.
First visit for examination by Surgeon	..	5 0
Every succeeding visit	.. .. .. ..	3 6
Visit to Remedial Clinic	.. .. .. ..	2 6

whereas, in the succeeding period, an alteration was made in that a lump sum of £50 per annum was paid to the Orthopaedic Clinic

Authorities to embrace all out-patient treatment, remedial and surgical.

In making a comparison between the two periods, one should take into account the contributions made by parents for the treatment of their children. In the former period when a *per capita* charge was made, the parental contributions, nominal in character, were paid to the Education Committee and in the latter period those contributions were collected and retained by the Clinic Authorities.

### In-Patient.

This treatment, as in previous years, was carried out at the Lord Mayor Treloar Cripples' Hospital and College, Alton, at a charge of £1 9s. 6d. per week while the patients are in hospital. Each case was considered by the Education Committee, and contributions were asked from the parents in accordance with their means.

### Surgical Appliances.

Payment for these to the Orthopaedic Clinic was guaranteed by the Education Committee, and contributions were received from the parents in accordance with their capacity to pay, each case being considered by the Education Committee individually.

### ANALYSIS OF CASES TREATED DURING 1934.

Postural and Feet Deformities.				Congenital and Birth Deformities.			
Feet ...	...	...	27}	32	Spastic Paraplegia	...	4}
Posture	...	...	5}		Spastic Hemiplegia	...	2}
Deformities due to Poliomyelitis				Torticollis	...	1}	8
Miscellaneous :—				Club Foot	...	1}	
Perthé's Disease (Hip)...				Deformities due to Rickets			
Multiple Cysts ...				...	...	...	2

### X-RAY TREATMENT FOR RINGWORM.

An addition to the facilities for the treatment of school children in this area was sanctioned during the year.

School children suffering from ringworm can now be dealt with by X-ray treatment at Guildford Hospital, in accordance with a scheme which was sanctioned by the Board of Education during 1934.

Preliminary selection of the cases suitable for treatment is made by the School Medical Officer at the School Clinic, when the diagnosis is then confirmed by microscopical examination. The

cases are then referred to Guildford Hospital as out-patients on days selected, when appointments are made for them. A final selection is then made by the Radiologist and the work is carried out by Dr. C. P. Lankester, Radiologist to the Royal Surrey County Hospital, Guildford.

The cost of the treatment is 2 guineas in respect of each case, for the whole treatment necessary.

## UNCLEAN AND VERMINOUS CHILDREN.

The actual number of individual children found unclean (that is, with at least one nit in the hair) which is the real index of cleanliness amongst school children, seems to vary little from year to year. In 1933 it was 143, and in 1934 it was found to be 171.

In assessing the value of any effort to improve the cleanliness of school children, one must always take into account the high standard which is expected in this area. Much work, however, remains to be done in reforming the chronic offenders who are periodically excluded from school.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse	...	...	...	...	...	4.8
(ii) Total number of examinations of children in the Schools by School Nurse	...	...	...	...	...	9,426
(iii) Number of individual children found unclean	...	...	...	...	...	171
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	23
(v) Number of cases in which legal proceedings were taken :—						—
(a) Under the Education Act, 1921	...	...	...	...	...	—
(b) Under School Attendance Byelaws...	...	...	...	...	...	6

## HOME VISITING.

### School Nurse.

Follow-up visits, re defects found at Inspection .. .	..	191
Visits re Infectious Diseases :—		

Measles ..	..	..	..	..	..	1
Whooping Cough	..	..	..	..	..	9
Chicken Pox	..	..	..	..	..	30
Mumps	..	..	..	..	..	2
Diphtheria	..	..	..	..	..	2
Scarlet Fever	..	..	..	..	..	5

Visits re refused Dental Treatment .. .	..	..	—	49
			2	

## **Backward or Retarded Children.**

The work of ascertainment and classification of those children whose mental age and educational endowment would appear to be too low to enable them to benefit by instruction in ordinary elementary school, proceeded uninterrupted throughout the year.

In order to reduce the number of children referred to me unnecessarily by the Head Teachers, I have discussed the matter with them individually, and talked about the question of mental defect generally. There appears to be some considerable variety of opinion amongst the teachers as to what constitutes mental defect from an educational point of view, and it has been found that many of the children were referred to me quite unnecessarily. An endeavour is now made in order to save valuable time, for those children to be seen at a routine visit to the school, and a preliminary survey made of their mental endowment and attitude towards school life.

In this way a number of cases were weeded out as coming within normal limits. The remainder were entered for home visit and further special examination, with a view to estimating their mental age by the various methods used.

In this way 14 children were subjected to special examination, consisting, usually, of the Standford Revision and Binet-Simon Tests, which were further developed where necessary by the Porteus Maze and Cube Imitation Tests, together with a general survey of the child's mentality. Of these 14 children, 10 were new cases, while 4 were re-examinations. Seven of the total number of 14 were found to be dull and backward only, and were recommended to be retained within the limits of ordinary elementary school, but in a backward class. Five were found to be so backward as to fail to benefit from further instruction in ordinary elementary school. Recommendation was made either for a special residential school, or failing that, attendance at the special class in the Rechabite Hall, Ash Road. The remaining 2 cases were found to be ineducable in the special class, or special school, and were notified to the Local Authority (The Hampshire County Council).

The Special Class during the year averaged 19 pupils, and an endeavour was made to raise the mental standard of the children attending the class as new pupils during the year, while two left, one being excluded on account of ineducability in a Special Class, while the other, a boy, was placed in work.

The class remained throughout the year at the Rechabite Hall in Ash Road. This hall, while generally suitable in structure, is unsuitable in view of the fact that it is not in conjunction with an ordinary elementary school. It has the defect, that is to say, of

appearing to segregate those children who are so backward as to fail to benefit by instruction in ordinary elementary school. In this way considerable parental objection to the children attending there is frequently met with and is not altogether unjustifiable.

In the reorganisation of the educational facilities of the Borough generally, it is to be hoped that some provision will be made for this Special Class, under the auspices of one of the other elementary schools in the Borough, in order to bring the valuable work of training these children up to the level which it deserves in the eyes of the parents and the public generally.

#### FEEBLE MINDED CHILDREN.

<i>At certified Schools for Mentally Defective Children.</i>	<i>At Public Elementary Schools.*</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
1	20	1	2	24

\* Including Special Class.

#### Employment of School Children.

Forty-seven examinations were carried out under the Employment of Children Act, 1903, and in no case was the necessary permit refused.

#### SCHOOL DENTAL SERVICE.

*The following contribution is made by the School Dental Surgeon, Mr. Bernard Kranth, L.D.S. :—*

"In the report on this work for the year 1933 an account was given of the general principles adhered to in the treatment of the children.

"Conservative work was not attempted where any doubts were held as to the prospects of its ultimate and lasting success. The younger children, once they came under treatment were kept under observation, and they will continue under annual dental supervision until they attain the age of nine years, as it has been found that it is during this period decay of the teeth progresses with greatest rapidity.

"Most of the extractions are still done under a general anaesthetic ( $N_2O$ ) administered by the School Medical Officer.

"This method of carrying out the work is becoming increasingly popular with the patients themselves, as is evidenced by the fact that many of them specially request that their teeth be taken out 'with gas.'

"During the year 1934 a larger number of children (1,891) was inspected, but of these only 1,258 required treatment, which as a percentage, is lower than that of the preceding year.

"As regards the 1,258 children requiring treatment, in 191 cases the parents declined to have the necessary work done and in 101 cases the forms requesting permission to carry out treatment were not returned. Actually 875 children were treated at the Clinic. At the end of the year there were 143 on the waiting list. Of these 55 required fillings and 88 required extractions under gas.

"During the year 54 children left the district. In conclusion perhaps mention should be made of a section of this service which has not been commented on before. In a number of cases there is not sufficient space in the jaws of the children to allow the teeth to erupt in a straight and regular line. Such cases are kept under observation and it is often found that the judicious extraction of a number of teeth at the right time saves the child going through life with crooked teeth."

Number of Children who were :	AGE GROUPS.										'Specials'	Total
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by dentist ...	303	244	245	207	173	190	162	148	180	17	22	1891
(b) Requiring treatment ...							1236				22	1258
(c) Actually treated								853			22	875

No. of Half-Days devoted to Inspection	No. of Half-Days devoted to Treatment	Total No. of Attendances made by the Children at the Clinic	Fillings		Extractions		No. of Administrations of General Anaesthetics	No. of other Operations	
			Permanent Teeth	Temporary Teeth	Permanent Teeth	Temporary Teeth		Permanent Teeth	Temporary Teeth
14	229	2418	1173	13	205	849	551	241	21

**ADDITIONAL TABLES OF EXCEPTIONAL CHILDREN.**

**Blind Children.**

<i>At certified Schools for the Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
1	—	—	—	1

**Partially Blind Children.**

<i>At Certified Schools for the Blind.</i>	<i>At Certified Schools for the Partially Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	—	—	—	—	—

**Deaf Children.**

<i>At certified Schools for the Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
1	—	—	—	1

**Partially Deaf Children.**

<i>At Certified Schools for the Deaf.</i>	<i>At Certified Schools for the Partially Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	—	—	—	—	—

**Crippled Children.**

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	3	1	2	6

**Children with Heart Disease.**

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	5	—	1	6



